# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032980 STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 93

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1470
2 1470 1
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4 2
5 2
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7 0
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9 331X
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12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 26 1963

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Tywapity
Length of stay in 1b: 55 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route 2
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: Charleston
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 2, Box 185
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Hope Middle: Last: Newcomb

4. DATE OF DEATH: Month: August Day: 7, Year: 1963

5. SEX: Male

6. COLOR OR RACE: Col.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3/16/1896

9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Charleston, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Sam Newcomb

13b. MOTHER'S MAIDEN NAME: Mollie Davis

14. NAME OF HUSBAND OR WIFE: Molly Newcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o

16. SOCIAL SECURITY NO.

17. INFORMANT: Address: Hope Newcomb, Jr., Rt.1, Box 185, Charleston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis (cerebral)
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prenuous C.V.A. + Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jul 19 1963, to Aug 7 1963 and last saw her/him alive on Aug 7 1963
Death occurred at 9:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. Charles Fahning MD

22b. ADDRESS: Charleston Mo

22c. DATE SIGNED: 8/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 12, 1963

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State): Charleston Missouri

24. FUNERAL DIRECTOR: L.K. Sparks ADDRESS: Charleston, Missouri

25. DATE RECD. BY LOCAL REG.: 8-12-63

26. REGISTRAR'S SIGNATURE: Dorothy B. Hackbom

(Licensed Embalmer's Statement on Reverse Side)

Permit issued
P-12463
DM

AUG 29 1963

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4681

P. O. Address O'Fallon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.